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Salient lessons from Russia's COVID-19 outbreak

Alexander Myasnikov, Russia's COVID-19 information chief, said in mid-April that it would be "impossible" for Russians to get the virus, estimating the probability of extensive spread in Russia at "0.0%". This hubris has been sorely exposed. As of June 2, Russia has 423 186 cases, the third most in the world, while relatively few deaths from COVID-19 (5031) have been recorded. The rapid spread of the epidemic in Russia has highlighted the strengths and weaknesses of the health system, and presents the traditionally strong Russian leadership with a new challenge.

There were some grounds for optimism. The 2615-mile Chinese–Russian border was shut early, on Jan 30; population density in the country is low; and the public health system in Russia has long experience in the control of infectious diseases such as plague. Although many countries have cut back capacity over the past few decades, Russia has retained an extensive, albeit outdated, public health system. Testing capacity in Russia, for example, is vast, and was scaled up quickly. In Russia, more than 10 million tests have been done so far and more than 200 laboratories are providing same-day test results.

This large testing programme at least partly explains the high number of cases. Although many countries have very large numbers of cases, health officials publicly admit that the official number is still a sizeable underestimation. As for deaths, many explanations have been put forward for the relatively low mortality rate—from questions over how cause of death is attributed, to the presence of widespread testing—but data on excess deaths and all-cause mortality are needed to give the best insight into the true toll of the epidemic in Russia.

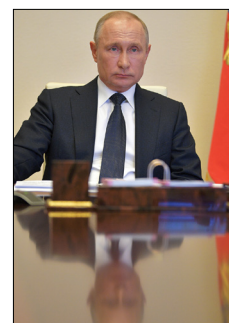
Nevertheless, like in many other countries, there have been conspicuous shortages of personal protective equipment (PPE) throughout the care system. According to one report, Russian health workers are 16 times more likely to die from COVID-19 than their counterparts in other countries, accounting for an estimated 7% of all COVID-19 deaths in Russia. Russian health workers report having been discouraged from highlighting PPE shortages. There have also been problems with ventilators, a situation emblematic of Russia's vast but creaking health system.

Before the epidemic, Russia had 27 ventilators per 100 000 citizens, far more than the 18.8 per 100 000 in the USA. However, many of these ventilators were old and doctors have complained about their quality.

There are also regional variations to contend with. Quality of health care differs greatly across Russia's many regions, which have varying levels of preparation and equipment. A doctor speaking to the BBC called the kit available to doctors in Dagestan "primitive", and the region has capacity for fewer than 1000 tests a day among a population of more than 3 million. According to a local health minister, 40 health workers have died of COVID-19 in Dagestan, which is more than the official total of all COVID-19 fatalities for the region.

Regionalisation and delegation have led to a problem with overall public health messaging, a consistent feature of countries struggling to manage their COVID-19 outbreaks. On May 11, President Vladimir Putin called an end to Russia's "non-working period", first declared on March 30. As part of these measures, wages were paid by companies for furloughed workers, rather than the state, but the removal of these measures meant companies could refuse to pay workers who did not return to work. The return to work for Russians clashed with the message from deputy prime minister, Tatiana Golikova, who subsequently explained that only 11 of Russia's 85 regions were in the position to loosen restrictions at all. Although regions have been in charge of their own lockdown measures, the message from the central powers has been the need to return to work and restart the economy.

Among all of this, public trust in Putin appears to be eroding, with his approval rating tumbling in recent weeks. There is a sense that by leaving the difficult decisions about public health to the regions he will absent himself from blame for the toll of the pandemic in Russia. The USA, Brazil, and to an extent the UK, have seen how local government and the public often have to use their own best judgment when they do not receive direct, consistent messaging from the top. There are many unique factors at play in the Russian epidemic, but a lack of clear political leadership has become a common hallmark of countries that have suffered the most. ■ *The Lancet*



Alexei Druzhinin/TASS/Getty Images

For reports of Russian personal protective equipment shortages see <https://www.bbc.co.uk/news/av/world-europe-52508834/coronavirus-russian-hospital-staff-working-without-masks>

For more on health workers' risk of death from COVID-19 see <https://www.themoscowtimes.com/2020/05/19/russian-medics-16x-more-likely-to-die-from-coronavirus-than-foreign-colleagues-analysis-a70311>

For more on Russia's ventilators see <https://uk.reuters.com/article/health-coronavirus-russia-ventilators-in/russia-ventilators-plentiful-but-often-old-and-sometimes-broken-idUKKBN22G2H6>

For more on COVID-19 in Dagestan see <https://www.bbc.co.uk/news/world-europe-52737404>